

PART B - FEE(S) TRANSMITTAL

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6449 7590 08/03/2009

ROTHWELL, FIGG, ERNST & MANBECK, P.C.
 1425 K STREET, N.W.
 SUITE 800
 WASHINGTON, DC 20005

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(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/461,090	12/14/1999	AXEL ULLRICH	2923-0347	3321

TITLE OF INVENTION: EGF RECEPTOR TRANSACTIVATION BY G-PROTEIN-COUPLED RECEPTORS REQUIRES METALLOPROTEINASE CLEAVAGE OF PROHB-EGF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755 1,510	\$0	\$0	\$755	11/03/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LU, FRANK WEI MIN	1634	435-007100				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR (alternatively)
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Rothwell, Figg,
 2. Ernst & Manbeck, P.C.
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Max-Planck-Gesellschaft zur Förderung der Wissenschaften e.V. München, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2135 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature M.-C. Kitts

Date 11/03/09

Typed or printed name Monica Chin Kitts

Registration No. 36,105

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